

**ARIZONA'S CHILD FIND TRACKING FORM**  
**For School Districts, Charter Schools and Arizona Early Intervention Program (AzEIP)**

**Section I. Initial Referral Data**

			<b>1</b> Date of initial referral
<b>2</b> Person making referral		<b>3</b> Agency/title of referring Individual	
<b>4</b> Sender's Fax number			
<b>5</b> { } Referred to <b>Part C</b> AzEIP Initial Planning Process Team	<b>6</b> { } Referred to <b>Part B</b> District of Residence	<b>7</b> { } Parent selected <b>both</b> Part B and Part C	<b>8</b> Sender's Phone number
<b>9</b> Name of individual referral sent to	<b>10</b> Receiving agency	<b>11</b> Receiver's Phone number	<b>12</b> Receiver's Fax number
<b>13</b> Child's name	<b>14</b> Parents'/guardians' names		<b>15</b> Child's date of birth
<b>16</b> Parents' Mailing address			
<b>17</b> Parents' Home phone number	<b>18</b> Parents' Work phone number	<b>19</b> Parents' Alternative phone	

**Section II Documentation of Agency Follow up to Referral**

<b>Child Referred to AzEIP (Arizona Early Intervention Program)</b>		
<b>20</b> Date/name of AzEIP staff who received referral	<b>21</b> Date AzEIP IPP Team <b>notified</b> referring agency on status of referral	<b>22</b> Signature of AzEIP IPP Team <b>notifying</b> referring agency
<b>23</b> Date/name of PEA staff <b>verifying</b> status of referral (if not notified by AzEIP)	<b>24</b> Date AzEIP IPP Team provided <b>final</b> status on referral to PEA, DES/AzEIP and ADE/Child Find (if <b>alert</b> was filed)	<b>25</b> Signature/Date of AzEIP IPP Team <b>verifying alert</b> issue has been remedied
<b>Child Referred to District of Residence</b>		
<b>26</b> Date/name of district of residence staff who received referral	<b>27</b> Date district of residence <b>notified</b> referring agency on status of referral	<b>28</b> Signature of PEA staff <b>notifying referring agency</b>
<b>29</b> Date/name of referring agency staff <b>verifying</b> status of referral (if not notified by district of residence)	<b>30</b> Date district of residence provided <b>final</b> status on referral to referring agency, and ADE/Child Find Unit (if <b>alert</b> was filed)	<b>31</b> Signature/Date of district of residence admin. <b>verifying alert</b> issue has been remedied

**Section III A L E R T to Arizona Department of Education \*\*\*****32** Date Alert Submitted

<b>33</b> Signature of Individual Filing Alert	<b>34</b> Agency filing Alert	<b>35</b> Phone number	<b>36</b> Fax number
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**\*\*Only fax ALERT immediately to the Arizona Department of Education/Child Find Unit at (602) 542-5404 or call (800) 352-4558.**

**Section IV A L E R T Follow-up****37** Signature/date DES/AzEIP verified follow up on Alert process**38** Signature/date ADE/Child Find Unit verified follow up on Alert process

**The purpose of this form** is to document implementation of the mutual responsibilities for child find by tracking initial referrals between PEAs and AzEIP Initial Planning Process Teams (IPPs) for children birth to five, using expedited timelines. Timelines for follow up are measured from the date of the **initial referral in Box 1** to 30 calendar days, regardless of who receives the initial referral. **This form is not for use by parents, physicians or others.** It must be completed and faxed to the appropriate agency within 2 working days of receipt of a concern, with a cover sheet marked "CONFIDENTIAL".

**For Children aged birth – 3 years:**

When any public school receives a concern about a child's development from the parent of a child aged birth to 3 years:

1. Complete **Section I** of this form *within 2 working days* of date of receipt of an initial referral in **Box 1** and fax to the closest DES/AzEIP Initial Planning Process Team Lead, maintaining a copy for monitoring purposes. This begins the AzEIP timeline requirement for the eligibility determination process (from intake/screening through development of the IFSP).
2. The DES/AzEIP IPP Team Lead must immediately begin the eligibility determination process. The DES/AzEIP IPP Team Lead must complete **Boxes 20-22** on this form and fax it to the referring school to **notify** them on the status of the referral *within 30 calendar days* of the initial referral date in **Box 1**, maintaining a copy for monitoring purposes.
3. The referring agency is responsible for **verifying** that the eligibility determination process conducted by AzEIP is near completion e.g. (evaluation completed in 30 calendar days). If the DES/AzEIP IPP Team Lead has not notified the referring school *within 30 calendar days* from the date of the initial referral in **Box 1**, the school must contact the DES/AzEIP IPP Team Lead to **verify** if the eligibility determination process is near completion (evaluation must be completed within 30 calendar days) and document that **verification** in **Box 23**.
4. If the eligibility determination process is not near completion, the referring school must complete the **Alert** portion in **Section III** on this form and fax a copy to the Arizona Department of Education/Child Find Unit *within two working days*.
5. The ADE/Child Find Unit will follow up with the DES/AzEIP State office to ensure the eligibility determination process is completed within required timelines.
6. Upon completion of the eligibility determination process, the DES/AzEIP IPP Team Lead will complete **Boxes 24-25** on this form and fax immediately to the referring school, DES/AzEIP State office, and the ADE/Child Find Unit.
7. DES/AzEIP and the ADE/Child Find Unit will verify the **Alert** follow up and complete **Section IV**.

**For Children Aged 2 Years 9 Months – 5 Years:**

When an AzEIP IPP Team Lead, a union high school district, or a public charter school receive a concern about a child's development who is between 2 years 9 months and 5 years of age:

1. Complete **Section I** on this form *within 2 working days* of date of receipt of an initial referral in **Box 1** and fax to the district of residence, maintaining a copy for monitoring purposes. This begins the expedited timeline requirement for screening and or evaluation by the district of residence.
2. Staff from the district of residence must immediately begin the eligibility determination process (to screen or evaluate the child). They must complete **Boxes 26-28** on this form and fax it to the referring agency to **notify** them on the status of the referral *within 30 calendar days* of the date of the initial referral in **Box 1**, maintaining a copy for monitoring purposes.
3. The referring agency is responsible for **verifying** that the eligibility determination process is near completion. If the referring agency has not received notification from the district of residence *within 30 calendar days* from the date of the initial referral in **Box 1**, the referring agency must contact the district of residence to **verify** if the screening or evaluation process is near completion, and document that **verification** in **Box 29**.
4. If the screening or evaluation process is not near completion (screening completed within 30 calendar days, leaving 30 calendar days for evaluation if initiated by a written parental request to evaluate and the MET concurs), the referring agency must complete the **Alert** portion in **Section III** on this form and fax a copy to the ADE/Child Find Unit *within 2 working days*.
5. The ADE/Child Find Unit will follow up with the district of residence to ensure the eligibility determination process is completed within required timelines.
6. Upon completion of the screening and/or evaluation, the district of residence will complete **Boxes 30-31** on the form and fax immediately to the referring agency and the ADE/Child Find Unit.
7. The ADE/Child Find Unit will verify the **Alert** follow up and complete **Section IV** on this form.